

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/674190 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4		1				
5	1					
6						
7		1				
8		1				
9	1					
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11	1					
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50						
TOTAL IND	7					
TOTAL DEP	11	←	←	←		
TOTAL CLAIMS	18					

	IND		DEP		P	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND		←	←	←		
TOTAL DEP		←	←	←		
TOTAL CLAIMS						